APPLICATION FOR RECORDS RETENTION SCHEDULE

Form 4998 (7-78)

GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

•	mpleting this form contact DHR Records Management Unit, 556-4976 GIST: 221-4983	47 Trinity Avenue, Atlanta, Georgia		
DHR	1. GEORGIA DEPARTMENT OF HUMAN RESOURCES	ARCHIVES AND HISTORY		
Application Date	Division of Physical Health	Application Number		
August 7, 1980	Family Health Services Section	74-257-A		
Application Number	Family Planning Program - Room 365-S 47 Trinity Avenue, S. W.	Date Received Date Completed		
DHR 80-20	Atlanta, Georgia 30334	AUG 1 2 1980 SEP IT 0 1980		
2. Person to Contact	Working Title	Telephone Number		
	Miss Gwen Bell Operations Analys	t 656-4821		
3. Action Requested				
1	kule; record will continue to accumulate.			
b. Dispose of present accumu	ulation; no further accumulation anticipated.	-		
c. 🖾 Amend Application No.		sede; 🖸 Void		
4. Dates of Series	5. Records Series Title followed by title used in office; if different	?)		
Earliest Latest	Family Planning Visitation Client Ca	se Files		
1974 to present				
6. Division and Office Function	What is the function of the Division and the Office in which the	is record series is created?		
business, housing, and field of and control of diseases; the coding, certification, and preseach year in the State. The Family Planning Program Planning Statistics; developmonitoring, consultation and grants to all Family Planning	alth programs throughout Georgia. This is accomplished be perations; the improvement of the physical and dental he monitoring of supplies of drinking water; and the daily Servation of certificates for births, marriages, divorces, annual has the responsibility to prepare the State-wide Family P contracts with providers of services; approve reimbursement technical assistance to Districts/ Units/ Contract providers; Staff; prepare required reports for various Federal and Sets for Districts/ Units/ Contract agency programs; and propatients.	ealth of adults and children; the diagnosis state-wide program of registration, statistical ilments of marriage, and deaths that occur lanning Plan; compile State-wide Family at for contract providers; perform on-site provide specialized training through tate funding agencies; set allocations for		
2 D. and Control Description	This file contains the following documents finclude form numbers an	d sister if any in Assach samples of the file		
for Family Planning Included are:	ntaining records for requesting reimbursen ng services rendered to clients State-wide -79) (Family Planning Visit) shows Patier	ment from Titles XIX and XX		
sex, hispanic des patient classific contraceptive his medical/ nursing ferrals, contrace 78) (Family Plan	cent, race, marital status, education, fanation); Reproductive History (when pregnatory before visit); Clinic Services (pattervices, counseling services, providers of ptive method after visit, date of next appning Correction of Patient Identification tient; microfiche (COM); and the	nily income and family size, ancy planned, pregnancy history ient status, purpose of visit, of counseling services, re- pointment) form 3738 (Rev. 7) used to correct any errors		
	gnetic Tape (master file) and Microfiche undex code) by maiden name of client.	(COM) alphabetically ,		
8. Monthly Reference Rate	How often are records referred to which are:			
	; Seven to twelve months old; Thirteen to to			
twenty-five months and older	?rare except when computer printe	out received		
9. Annual Rate of Accumulation o	r Records	Microfiche - approx.		
Letter-size drawers3	; Legal-size drawers; Shelves;	Other (Specify) 35,000 cases pro-		
Letter-size drawers computer printout	S	cessed monthly		

(Over)

YES	NO 1	10. Questionnaire	(Place an "X" in the	proper column)	and the second s		and design of the state of the			
x		a. Is this the official if not, where is	al copy of the series	?						
		b. Does the series (contain confidential				es, cite law or regulation.	Landy States and the states and the states are the		
X	$\frac{1}{x}$	Title X - highly confidential - contain client names c. is this a vital record?								
×		d. Does this series have historical or long term research value? in the event there are legal questions								
Î	x	When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?								
	х	f. Is the information contained in this series ever published? If yes, attach copy.								
•	x	g. is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.								
	-	h. Is there a duplication of this series in your office, or in another office or agency?								
X			If yes, where? Is this series for a major portion of it) regularly microfilmed? microfiche (COM)							
-							forms 3755 and 3	738		
11. R	etantion	Requirements	,*	The following	requires the se	ies to be k	ept:	روی <u>در در د</u>		
	A		•		د	A alta	مادها			
a.	State	te of limitation		years. vears.	a,	Audit p	eriod strative need	years.		
D.		ral law		_ years.	u.		retention instructions	years.		
•		101 1077			••	,	Tetalition med octions	, y + 44 4.		
A	ttach co	py or excerpt of laws	s or regulations. Exp	alein administrative	need.			;		
				_	for refer		nd audit purposes	e e e		
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12 4	£.	Discouling Indian	See This see		aha fila asata ka		Aba and as anala			
Comp	outer P	Disposition Instruct	monthly	recommends that	the file sories be	CUT OTT BT	the end of each:			
Fa	mily P	lanning Program	Calendar	State	mar; Li Otner			then,		
S	. Hold in	the current files are	•	nenth(s)	1 veer	s); then		· •		
Q	Transfe	er to local holding an	sa; hold	year(s); then						
Ø	Transfe	er to State Records C	enter; hold	4 year(s); th	en .	Forms (cont.)			
	Destro			. •			Health Departments/ I	District Offices/		
_		er to State Archives f	or permanent retent	den.		C	ontracted Providers	·		
		<i>(Specify)</i> alth Departments	/ District Offices	l Contracted Pr	oviders	Pla	ace copy in patient's me	dical folder; and		
		off file at end of			- · - · ·	mia	intain in accordance wit	h records retention/		
	desti		cach listal year,	moid 5 years,	- -		sposition guidelines for (rtment patient records.	county Health De-		
Magn	etic Ta	pe (master File)			c					
	Upda	ited monthly. He	eld permanently	by DOAS.			he (COM) - (received qu	arterly)		
Form	1s - No	. 3755 and No.	_	•		" Fami	ly Planning Program			
	` -	ily Planning Progr	ram		1		t off file at end of each	fiscal year; then		
٠.,	. —	When confirmed		intout) that all	•	pro	cess as follows:	1		
		information is co		meouty that all	€	•	Silver original and 1 du Transfer to State Re			
٠				N.			50 years; then dest	•••		
		ructions apply to all			Comp		intout summaries:			
comp	outer	printout sur	mmaries to A	rchives for	permanen	reter	tion.			
Agenc	y Head/	Designee (Signature	,	Date	Records Mana	ement Of	ficer (Signature)	Date		
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٠					State Re	cords Com		Date		
	nmendat approvi	tions in paragraph	State Auditor/D	esignes				0 0 -04		
(H disa	• •	d, attach letter	(A)			~~~		9-7-60		
J, TR	r men me CPO		Secretary of Sta	te/Designee	Cas	ral	l Hart	19-8-80		
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